



HEALTH & SAFETY COMMITTEE MINUTES

REFERENCE: HSE-COMM-[MONTH]-[YEAR]

ATTENDEES	DEPARTMENT	PRESENT/ABSENT
[Name 1]	Management	Present
[Name 2]	Warehouse	Present
[Name 3]	Safety Representative	Present

ITEM	DISCUSSION / FINDINGS	ACTION REQUIRED	DUE DATE
1. Previous Actions	Fire extinguishers serviced.	None	Closed
2. Incident Review	1x Minor slip in Section C.	Install "Wet Floor" signage.	[Date]
3. Risk Assessment	New racking installed in yard.	Conduct new HIRA on SHEFES.	[Date]
4. General	Staff requesting new PPE boots.	Audit current boot stock.	[Date]

CHAIRPERSON SIGNATURE: _____ DATE: _____